

Abstract

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Migraine is a highly prevalent disorder characterized by periodic, unilateral, pulsatile headaches that begin in childhood, adolescence or an early adult life. This common primary headache disorder presents a serious medical and socio-economic problem. Opinions concerning an etiopathogenesis of migraine develop gradually. A comprehensive management of headache includes the treatment of the acute attack to relieve the pain and prophylactic therapy to reduce the frequency, severity and duration of attacks. Triptans are considered as the firstline treatment for acute care of migraine attacks, in spite of this some patients do not respond adequately. Triptans are in some cases ineffective, in other ones contraindicated. The greatest need is for the new specific drugs. Specific mechanisms that participate in pathophysiology of migraine have been discovered and drugs interacting with these mechanisms are registered in the market. Although attacks commonly diminish in severity and frequency with age, it may actually worsen in some postmenopausal women, and estrogen therapy may either increase or, paradoxically, reduce the incidence of headaches. Migraine is a particularly frequent disease at women of fertile age which use the contraception or suffer from menstrual related migraine. Most of the patients with frequent headache overuse their medications and rarely respond to preventive treatment.